

In re **Leonard Picariello**Case No. **11-11282**

Debtor(s)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding unsecured claims without priority against the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns).

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. 5401683056518670 Chase Po Box 15298 Wilmington, DE 19850		N A	Opened 9/01/07 Last Active 12/09/10 CreditCard				7,569.00
ACCOUNT NO. 5582508634909680 Chase Po Box 15298 Wilmington, DE 19850		N A	Opened 10/01/06 Last Active 10/06/10 CreditCard				15,438.00
ACCOUNT NO. 114010/10 Chatam Green Managment Corp c/o Hankin & Mazel PLLC 7 Penn Plaza Suite 904 New York, NY 10001		N A	2008 rental arrears 114010/10	X		X	150,000.00

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. 5410654008367713							
Citi P.o. Box 6500 Sioux Falls, SD 57117		N A	Opened 7/01/89 Last Active 11/24/10 CreditCard				23,171.00
ACCOUNT NO. 542418083153							
Citibank Sd, Na Attn: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195		N A	Opened 10/01/77 Last Active 3/06/11 CreditCard				6,239.00
ACCOUNT NO.							
Ferrante & Associate 212-05 41 Avenue Bayside, NY 11361		N A	business debt				160.44
ACCOUNT NO. 7824149703084412							
Hsbc Bank Usa Na Po Box 5253 Carol Stream, IL 60197		N A	Opened 4/01/06 Last Active 5/29/09 CheckCreditOrLineOfCredit				239.00
ACCOUNT NO. 083939-10							
Kin Chung Au Yeung c/o Donald Eng 217 Park Row suite 9 New York, NY 10038		N A	business debt eviction from leased premises				41,789.00
ACCOUNT NO. 04443							
NY Downtown Hospital 170 William Street New York, NY 10038		N A	2009 medical hospital				890.00
Total							245,495.44

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(Continuation Sheet)

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(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							